

Form (RF-3)

# SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective April 1, 2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Comp</u>	<u>\$1,029,789</u>	<u>+2.6%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

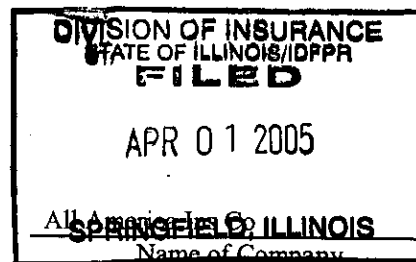
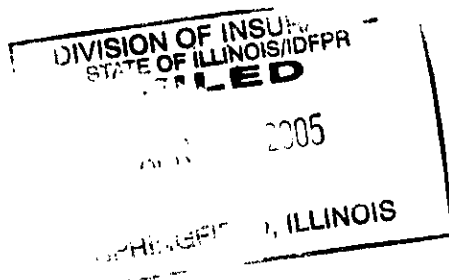
na

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting NCCI rates per Bulletin II-2004-05 and deleting several of our industrial and wholesale deviated classes for All America

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.



(Mrs.) Petrise Meyer  
Rates and Forms Analyst  
Official - Title

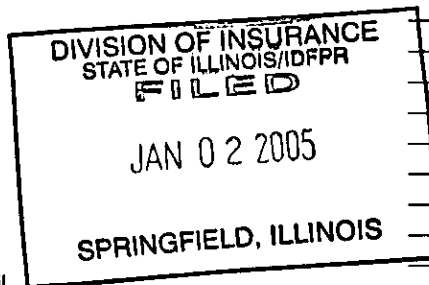
*All America INS Co.*

## ILLINOIS SUMMARY SHEET

## FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January <sup>2</sup>~~1~~, 2005.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$98,943	+16.9%***
16. Other _____		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify No

Brief description of filing (if filing follows rates of an advisory organization, specify organization) This filing proposes  
a loss cost multiplier of 1.830 (1.916 for F classes) to be applicable to the latest loss costs published by the National  
Council on Compensation Insurance effective January 1, 2005.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

\*\*\* Refer to Appendix D

American Alternative Insurance Corporation  
 Name of Company

Kathryn R. Sine,  
Senior State Underwriting Specialist  
 Official — Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective:

4/1/05

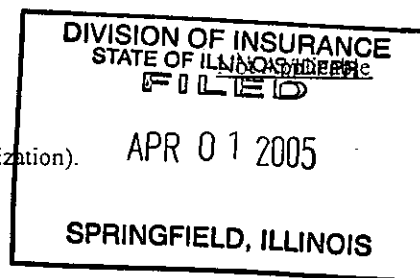
(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	6,986,282	0.1%
16. Other:		

Does filing only apply to certain territory (territories) or certain classes? If so, specify.

Brief description of filing (if filing follows rates of an advisory organization, specify organization).

CNA is filing to adopt current NCCI voluntary rates

Company specific deviations, if applicable, are noted in the filing memorandum.



\* In-force Written Premium

\*\* Change in Company's premium level which will result from application of new rates.

American Casualty Company of Reading, PA

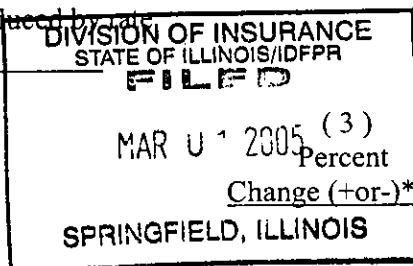
Name of Company

Drew Yashar, ACAS, MAAA - Actuarial Manager

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate  
revision effective March 1, 2005



(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+or-)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical		
Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Work Comp</u>	<u>\$250,273</u>	<u>+5.5%</u>
Line of Insurance		

Does filing only apply to certain territory ( territories ) or certain classes ? If so, specify : No

Brief description of filing. ( If filing follows rates of an advisory organization, specify organization ) :  
Adopting loss costs in NCCI circular IL-2004-05 effective 1/1/05 with company effective date 3/1/05.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.

American Fire & Casualty Company

Name of Company

Jennifer Swift Product Staff Underwriter

Official - Title

## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

3-1-05

Change in Company's premium or rate level produced by rate revision effective 1/1/05

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	912,138	-5.6
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

Adopting NCCI advisory loss costs and rating values effective 1/1/05.

\*Adjusted to reflect all prior rate changes.

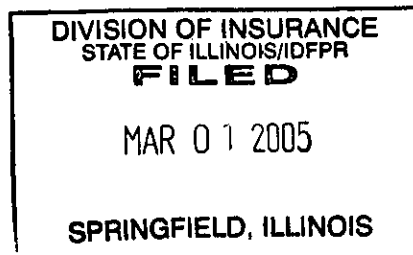
\*\*Change in Company's premium level which will result from application of new rates.

American Guarantee & Liability Insurance Co.

Name of Company

Denise Goode, Secretary

Official - Title



## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective July 1, 2005

(1) <u>Coverage</u>		(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop-Hail		
15.	Other		
	Workers Compensation	\$646,625	+1.5%
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

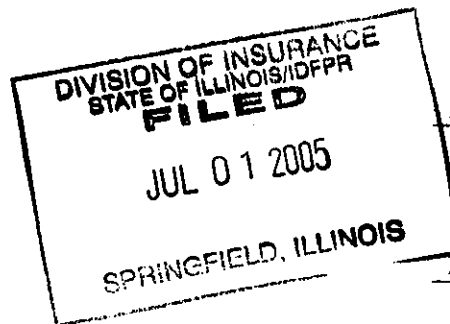
N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI's 1-1-05 loss costs adjusted by our multiplier of 3.097 with deviations of -17.3% for Hardware, -20.9% for Wholesale and -24.5% for Implement Dealers.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

American Hardware Mutual Ins. Co  
Name of CompanyMichael Wiseman, FCAS, Treasurer  
Official - Title

## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

3-1-05  
1/1/05

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	6,551,967	-6.4

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

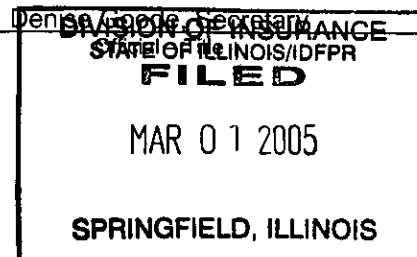
Adopting NCCI advisory loss costs and rating values effective 1/1/05.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

American Zurich Insurance Company

Name of Company



## ILLINOIS SUMMARY SHEET

## FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 6/1/2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$169,336.00	0.01%
16. Other _____		
Line of Insurance _____		

Does filing only apply to certain territory (territories) or certain classes? If so, specify \_\_\_\_\_

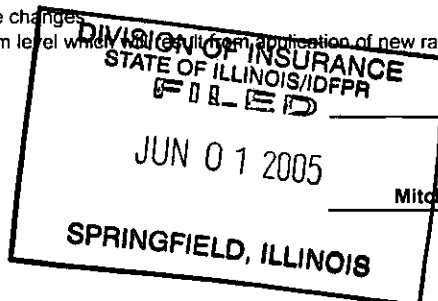
N/A

Brief description of filing (if filing follows rates of an advisory organization, specify organization) \_\_\_\_\_

**Delay of Implementation of NCCI Countrywide Item Filings B-1393 - Miscellaneous Values for Domestic Terrorism,****Earthquakes and Catastrophic Industrial Accidents, to June 1, 2005.**

\* Adjusted to reflect all prior rate changes.

\* Change in Company's premium level when filing for application of new rates.



AmGUARD Insurance Company

Name of Company

Mitch Matthews - State Filings Representative

Official - Title



## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

3-1-05  
1/1/05

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	841,363	-5.1

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting NCCI advisory loss costs and rating values effective 1/1/05.

\*Adjusted to reflect all prior rate changes.

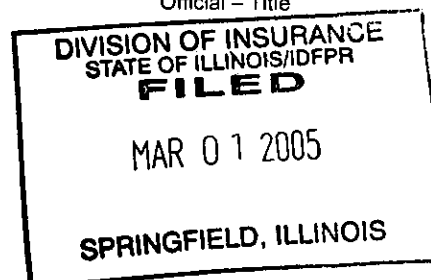
\*\*Change in Company's premium level which will result from application of new rates.

Assurance Company of America

Name of Company

Denise Goode, Secretary

Official - Title



**Summary Sheet**Change in Company's premium or rate level produced by rate revision effective 04/01/2005

Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability - Private Passenger Commercial		
2. Automobile Physical Damage - Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop-Hail		
15. Other <u>Workers Comp</u> Line of Insurance	<u>90,871,273</u>	<u>less than 1.</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI approved "item Filing B-1393" effective 4/1/05. The rate is determined by applying the base company (modification = 1.000) loss cost multiplier for the St. Paul Group to the approved loss cost.

\* Adjusted to reflect all prior rate changes

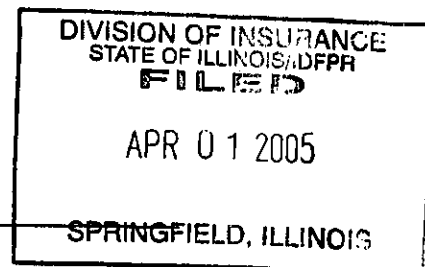
\*\* Changes in Company's premium level which will result from application of new rates.

Athena Assurance Company

Name of Company

Second Vice President

Official - Title



## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective April 1, 2005

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers Comp</u>	\$8,854,098	+0.1%
	<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

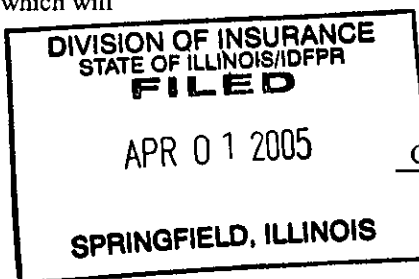
na

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting NCCI's rates per Bulletin IL-2004-05.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.


Central Mutual Ins Co  
 Name of Company

(Mrs.) Petrise Meyer  
Rates and Forms Analyst  
 Official - Title

**Summary Sheet**Change in Company's premium or rate level produced by rate revision effective 04/01/2005

Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability - Private Passenger Commercial		
2. Automobile Physical Damage - Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop-Hail		
15. Other <u>Workers Comp</u> Line of Insurance	<u>90,871,273</u>	<u>less than 1.</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI approved "item Filing B-1393" effective 4/1/05. The rate is determined by applying the base company (modification = 1.000) loss cost multiplier for the St. Paul Group to the approved loss cost.

\* Adjusted to reflect all prior rate changes

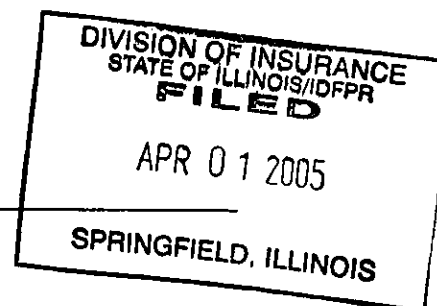
\*\* Changes in Company's premium level which will result from application of new rates.

The Charter Oak Fire Insurance Company

Name of Company


Second Vice President

Official - Title



**SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective  
**May 1, 2005**

1	2	3
<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$769,515	+12.8%

Does filing only apply to certain territory (territories) or certain classes? If so, specify:  
 No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
 Adopting NCCI rates as found in NCCI Circular IL-04-05. Revising company deviation from 1.000 to 1.100.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
 result from application of new rates.

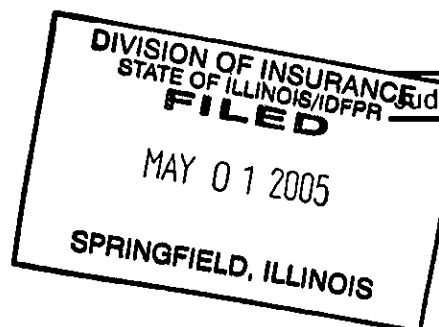
Citizens Insurance Company of America

Name of Company

FEIN 38-0421730

Judith E. Rider, Senior Pricing Analyst

Official - Title



**SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective  
May 1, 2005

1	2	3
<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$5,436,081	-0.4%

Does filing only apply to certain territory (territories) or certain classes? If so, specify:  
 No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
 Adopting NCCI rates as found in NCCI Circular IL-04-05.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
 result from application of new rates.

Citizens Insurance Company of Illinois

Name of Company

FEIN

Judith E. Rider, Senior Pricing Analyst

Official - Title

DIVISION OF INSURANCE  
 STATE OF ILLINOIS/IDFPR  
**FILED**

MAY 07 2005  
 SPRINGFIELD  
 ILLINOIS

## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3-1-05  
4/1/05

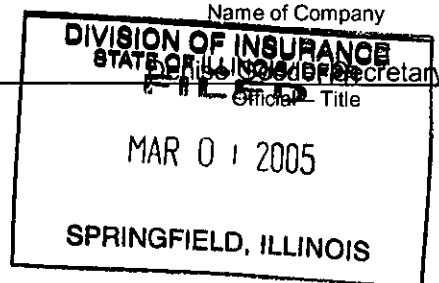
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	5,958	+0.7
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/ABrief description of filing. (If filing follows rates of an advisory organization, specify organization):  
Adopting NCCI advisory loss costs and rating values effective 1/1/05.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Colonial American Casualty &amp; Surety Company



ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective:

4/1/05

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	6,708,765	0.7%
16. Other:		

Does filing only apply to certain territory (territories) or certain classes? If so, specify.

Not Applicable

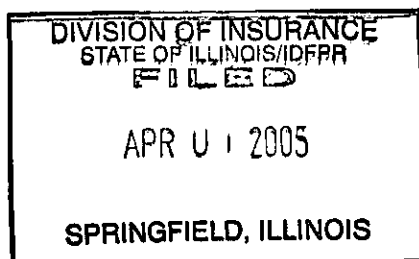
Brief description of filing (if filing follows rates of an advisory organization, specify organization).

CNA is filing to adopt current NCCI voluntary rates

Company specific deviations, if applicable, are noted in the filing memorandum.

\* In-force Written Premium

\*\* Change in Company's premium level which will result from application of new rates.



Continental Casualty Company  
Name of Company

Drew Yashar, ACAS, MAAA - Actuarial Manager  
Official - Title



ILLINOIS DEPARTMENT OF INSURANCE  
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

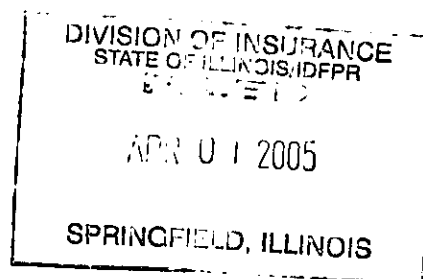
April 1, 2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	745,139	0.10%

Does filing only apply to certain territory (territories) or certain classes? If so, specify:  
No.Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
To adopt NCCI's 1/1/2005 loss costs with no change to our loss cost multiplier of 2.277

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Crum & Forster Indemnity Company  
Name of Company*Auth A. Quecholsen*  
Official - Title*Regulatory Compliance Analyst*

## ILLINOIS SUMMARY SHEET

## FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 6/1/2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$0.00	0.01%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify \_\_\_\_\_

N/A

Brief description of filing (if filing follows rates of an advisory organization, specify organization) \_\_\_\_\_

**Delay of Implementation of NCCI Countrywide Item Filings B-1393 - Miscellaneous Values for Domestic Terrorism,****Earthquakes and Catastrophic Industrial Accidents, to June 1, 2005.**

- \* Adjusted to reflect all prior rate changes
- \* Change in Company's premium level which will result from application of new rates.

<div style="text-align: center;"> <b>DIVISION OF INSURANCE</b>  <b>STATE OF ILLINOIS/IDFPR</b>  <b>FORM 3</b>    <b>JUN 01 2005</b>    <b>SPRINGFIELD, ILLINOIS</b> </div>	EastGUARD Insurance Company
	Name of Company
	Mitch Matthews - State Filings Representative
	Official - Title

## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

3-1-05  
~~11/05~~

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	1,904,032	+1.8

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

Adopting NCCI advisory loss costs and rating values effective 1/1/05.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Fidelity and Deposit Company of Maryland

Name of Company

Denise Goode, SecretaryDIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**FILED**

MAR 01 2005

SPRINGFIELD, ILLINOIS

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 05/01/2005

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u> Line of Insurance	17,198,663	.30%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

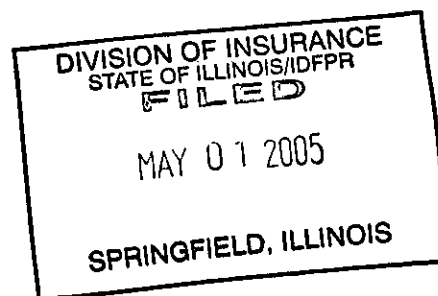
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt the January 1, 2005 Advisory Workers' Compensation Rates filed by the National Council on Compensation Insurance effective May 1, 2005.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

General Casualty Company of Illinois  
Name of Company

Sara Zastrow - Rate Development Technician  
Official - Title



## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 05/01/2005

(1)	(2)	(3)
<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u> Line of Insurance	15,456,334	.22%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NoBrief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt the January 1, 2005 Advisory Workers' Compensation Rates filed by the National Council on Compensation Insurance effective May 1, 2005.

\*Adjusted to reflect all prior rate changes.

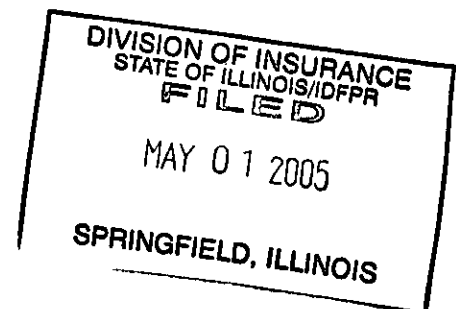
\*\*Change in Company's premium level which will result from application of new rates.

General Casualty Company of Wisconsin

Name of Company

Sara Zastrow - Rate Development Technician

Official - Title



## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2005

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Worker's Compensation</u> Line of Insurance	<u>7,998,608</u>	<u>0.1</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/ABrief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI Loss Costs and filing of Schedule Rating Plan

\*Adjusted to reflect all prior rate changes.

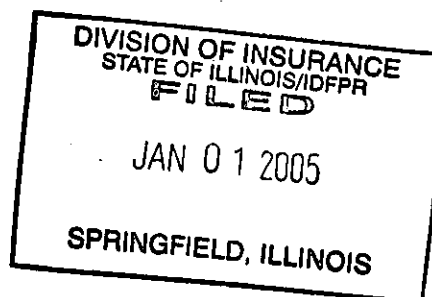
\*\*Change in Company's premium level which will result from application of new rates.

Greenwich Insurance Company

Name of Company

Patricia Pollard, State Filings Analyst

Official - Title



Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1-1-2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Comp</u>	<u>36,125</u>	<u>-0.8%</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting NCCI Rates.

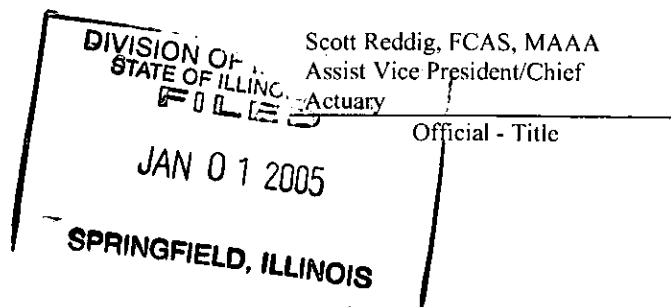
\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

GuideOne Elite Insurance Co.

Name of Company

H29219D



Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1-1-2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial-Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Comp</u>	<u>1,362,411</u>	<u>-0.4%</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify:  
No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
Adopting NCCI Rates

- \* Adjusted to reflect all prior rate changes.  
 \*\* Change in Company's premium level which will result from application of new rates.

<div data-bbox="671 1507 1086 1768"> <p><b>DIVISION OF INSURANCE</b>  <b>STATE OF ILLINOIS/IDFPR</b>  <b>FILED</b>    <b>JAN 01 2005</b>    <b>SPRINGFIELD, ILLINOIS</b></p> </div>	<div data-bbox="1086 1518 1385 1581"> <p>One Mutual Insurance Co.            Name of Company</p> </div>
	<div data-bbox="1007 1665 1310 1728"> <p>Scott Reddig, FCAS, MAAA            Assist Vice President/Chief</p> </div>
	<div data-bbox="1007 1728 1385 1778"> <p>Official - Title</p> </div>

H29219D



**SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective  
**May 1, 2005**

1	2	3
<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$4,164,935	+7.7%

Does filing only apply to certain territory (territories) or certain classes? If so, specify:  
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
Adopting NCCI rates as found in NCCI Circular IL-04-05. Also revising Company deviation from 1.100 to 1.200.

- \* Adjusted to reflect all prior rate changes.  
\*\* Change in Company's premium level which will  
result from application of new rates.

Hanover Insurance Company

Name of Company

FEIN 13-5129825

Judith E. Rider, Senior Pricing Analyst

Official - Title



## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective All policies effective on or after  
April 1, 2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$72,322</u>	<u>+7.0%</u>
<u>Line of Insurance</u>		

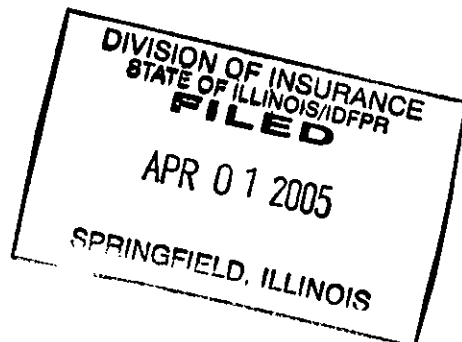
Does filing only apply to certain territory (territories) or certain classes? If so, specify:

\_\_\_\_\_

\_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

With this filing it is our intent to submit the following revisions to our Workers Compensation program. This revision will result in an overall impact of +7.0%. Adopted the above captioned NCCI Filing. Revise Level 1 LCM to 1.59 from 1.63. Introduce Level 2 LCM of 1.85. Revise Rule 4. Terrorism Risk Insurance Act of 2002 amending our terrorism rate to 0.0504 to 0.0636.



Harleysville Lake States Insurance Company  
 Name of Company

*Sherry Walter*

Sherry Walter  
 State Filing Analyst  
 Official - Title

Change in Company's premium or rate level produced by rate revision effective All policies effective on or after April 1, 2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$1,607.565	+2.0%
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

\_\_\_\_\_

\_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

With this filing it is our intent to submit the following revisions to our Workers Compensation program. This revision will result in an overall impact of +2.0%. Adopted the above captioned NCCI Filing. Revise Level 1 LCM to 1.59 from 1.63. Introduce Level 2 LCM of 1.85. Revise Rule 4. Terrorism Risk Insurance Act of 2002 amending our terrorism rate to 0.0504 to 0.0636.

<div style="border: 2px solid black; padding: 5px; text-align: center;"> <div style="font-size: small;">DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR</div> <div style="font-size: x-large; font-weight: bold; margin: 5px 0;">FILED</div> <div style="font-size: large; margin: 5px 0;">APR 01 2005</div> <div style="font-size: small;">SPRINGFIELD, ILLINOIS</div> </div>	<u>Harleysville Lake States Insurance Company</u>
	<div style="text-align: center;"> <u>Name of Company</u>   <u>Sherry Walter</u>   <u>Sherry Walter</u>  <u>State Filing Analyst</u>  <u>Official - Title</u> </div>

Form (RF-3)

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective May 1, 2005

(1) <u>Coverage</u>		(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Workers' Compensation	3,645,254	+2.7%
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

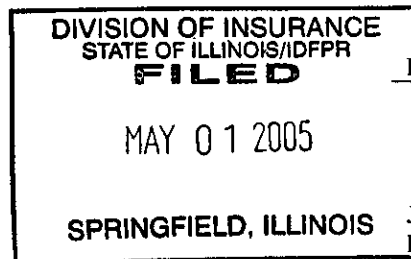
No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting NCCI Advisory rates, including Miscellaneous Values, and revised Deductible factor, filing independent Farm classification rates and NCCI Table 1 Premium Discount Table.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Hastings Mutual Insurance Co.  
Name of CompanyJudy E. Van Aman  
Product Manager

Official - Title

H29219D

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2005 4-1-05

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compesation</u>	<u>368,762</u>	<u>2.01</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

no

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopts NCCI's Item # B-1393.

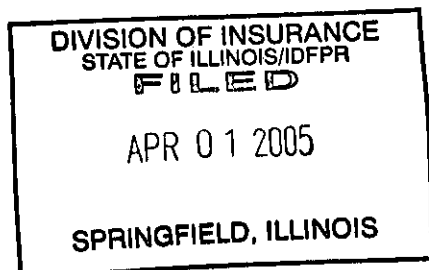
\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Insurance Corporation of Hannover  
Name of Company

Gary Ketels - Senior Vice President  
Official - Title

H29219D



## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

3-1-05  
~~1/1/05~~

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	9,039,793	-6.1
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting NCCI advisory loss costs and rating values effective 1/1/05.

\*Adjusted to reflect all prior rate changes.

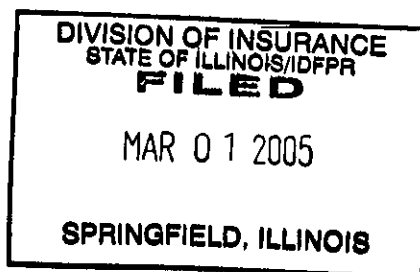
\*\*Change in Company's premium level which will result from application of new rates.

Maryland Casualty Company

Name of Company

Denise Goode, Secretary

Official - Title



**SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective  
**May 1, 2005**

1  <u>Coverage</u>	2  <u>Annual Premium Volume (Illinois)*</u>	3  <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$1,984,282	-4.4%

Does filing only apply to certain territory (territories) or certain classes? If so, specify:  
 No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
 Adopting NCCI rates as found in NCCI Circular IL-04-05. Revising company deviation from 0.950 to 0.900.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
 result from application of new rates.

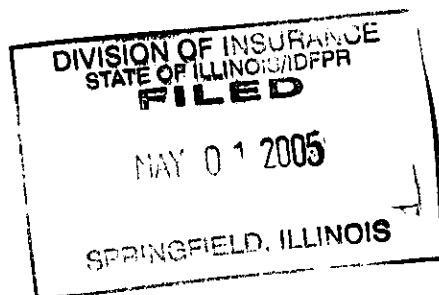
Massachusetts Bay Insurance Company

Name of Company

FEIN 04-2217600

Judith E. Rider, Senior Pricing Analyst

Official - Title



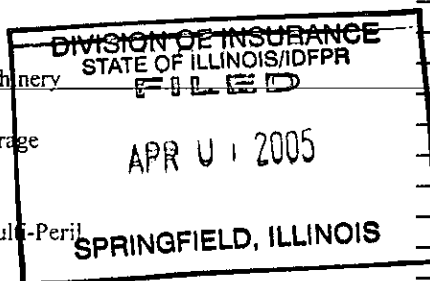
## ILLINOIS SUMMARY SHEET

### FORM RF-3

Change in Company's premium or rate level produced by rate revision effective:

4/1/05

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	3,260,631	-0.8%
16. Other:		



Does filing only apply to certain territory (territories) or certain classes? If so, specify.

Not Applicable

Brief description of filing (if filing follows rates of an advisory organization, specify organization).

CNA is filing to adopt current NCCI voluntary rates

Company specific deviations, if applicable, are noted in the filing memorandum.

\* In-force Written Premium

\*\* Change in Company's premium level which will result from application of new rates.

National Fire Insurance Company of Hartford

Name of Company

Drew Yashar, ACAS, MAAA - Actuarial Manager

Official - Title



**Summary Sheet**Change in Company's premium or rate level produced by rate revision effective 04/01/2005

Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability - Private Passenger Commercial		
2. Automobile Physical Damage - Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop-Hail		
15. Other <u>Workers Comp</u> Line of Insurance	<u>90,871,273</u>	<u>less than 1.</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI approved "item Filing B-1393" effective 4/1/05. The rate is determined by applying the base company (modification = 1.000) loss cost multiplier for the St. Paul Group to the approved loss cost.

\* Adjusted to reflect all prior rate changes

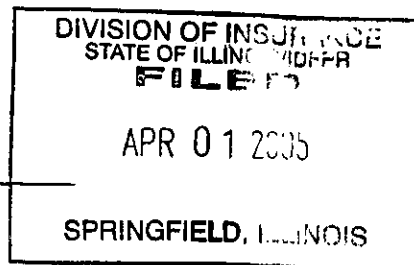
\*\* Changes in Company's premium level which will result from application of new rates.

The NIPPONKOA Insurance Company, Ltd.

Name of Company

Second Vice President

Official - Title



## ILLINOIS SUMMARY SHEET

## FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 6/1/2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$137,325.00	0.01%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify \_\_\_\_\_

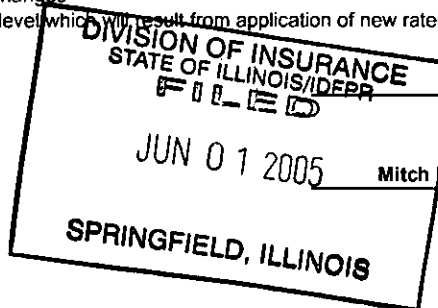
N/A

Brief description of filing (if filing follows rates of an advisory organization, specify organization) \_\_\_\_\_

Delay of Implementation of NCCI Countrywide Item Filings B-1393 - Miscellaneous Values for Domestic Terrorism,Earthquakes and Catastrophic Industrial Accidents, to June 1, 2005.

\* Adjusted to reflect all prior rate changes

\* Change in Company's premium level which will result from application of new rates.



NorGUARD Insurance Company

Name of Company

Mitch Matthews - State Filings Representative

Official - Title

## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

3-1-05  
1/1/05

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	649,002	-4.4

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting NCCI advisory loss costs and rating values effective 1/1/05.

\*Adjusted to reflect all prior rate changes.

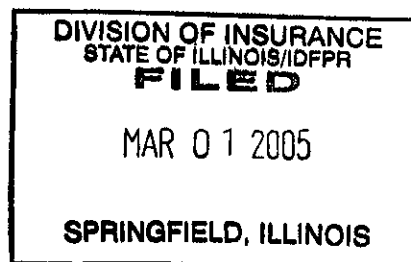
\*\*Change in Company's premium level which will result from application of new rates.

Northern Insurance Company of New York

Name of Company

Denise Goode, Secretary

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE  
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

April 1, 2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	191,051	0.10%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

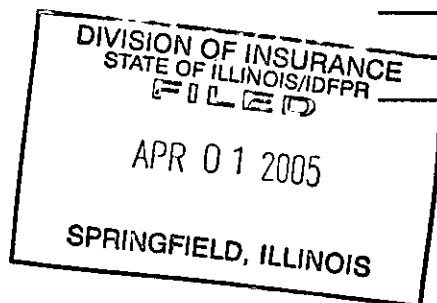
To adopt NCCI's 1/1/2005 loss costs with no change to our loss cost multiplier of 1.749

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

The North River Insurance Company

Name of Company



*Ruth A. Overholser*  
Official - Title

*Regulatory Compliance Analyst*

Form (RF-3)

SUMMARY SHEET

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR <b>FILED</b>  MAR 01 2005  SPRINGFIELD, ILLINOIS Percent Change (+or-)**
--

Change in Company's premium or rate level produced by rate  
 revision effective March 1, 2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	Percent Change (+or-)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical		
Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Work Comp</u>	\$7,018,173	+0.8%
Line of Insurance		

Does filing only apply to certain territory ( territories ) or certain classes ? If so, specify : No

Brief description of filing. ( If filing follows rates of an advisory organization, specify organization ) :  
 Adopting loss costs in NCCI circular IL-2004-05 effective 1/1/05 with company effective date 3/1/05.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
 result from application of new rates.

Ohio Casualty Insurance Company

Name of Company

Jennifer Swift Product Staff Underwriter

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate  
revision effective March 1, 2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	<div style="border: 1px solid black; padding: 5px; text-align: center;">           DIVISION OF INSURANCE            STATE OF ILLINOIS/IDFPR  <b>FILED</b>            MAR 01 2005            SPRINGFIELD, ILLINOIS         </div>		(3) Percent Change (+or-)**
1. Automobile Liability				
Private Passenger				
Commercial				
2. Automobile Physical				
Damage				
Private Passenger				
Commercial				
3. Liability Other Than Auto				
4. Burglary and Theft				
5. Glass				
6. Fidelity				
7. Surety				
8. Boiler and Machinery				
9. Fire				
10. Extended Coverage				
11. Inland Marine				
12. Homeowners				
13. Commercial Multi-Peril				
14. Crop Hail				
15. Other <u>Work Comp</u>	\$1,947,690			+1.4%
Line of Insurance				

Does filing only apply to certain territory ( territories ) or certain classes ? If so, specify : No

Brief description of filing. ( If filing follows rates of an advisory organization, specify organization ) :  
Adopting loss costs in NCCI circular IL-2004-05 effective 1/1/05 with company effective date 3/1/05.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.

Ohio Security Insurance Company

Name of Company

Jennifer Swift Product Staff Underwriter

Official - Title

**Summary Sheet**Change in Company's premium or rate level produced by rate revision effective 04/01/2005

Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability - Private Passenger Commercial		
2. Automobile Physical Damage - Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Comp</u> <u>Line of Insurance</u>	<u>90,871,273</u>	<u>less than 1.</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI approved "item Filing B-1393" effective 4/1/05. The rate is determined by applying the base company (modification = 1.000) loss cost multiplier for the St. Paul Group to the approved loss cost.

\* Adjusted to reflect all prior rate changes

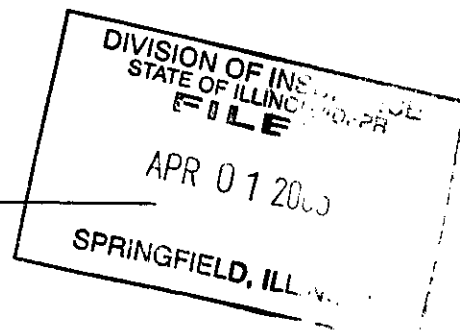
\*\* Changes in Company's premium level which will result from application of new rates.

The Phoenix Insurance Company

Name of Company

Second Vice President

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 05/01/2005

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	4,832,282	-.43%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt the January 1, 2005 Advisory Workers' Compensation Rates filed by the National Council on Compensation Insurance effective May 1, 2005.

\*Adjusted to reflect all prior rate changes.

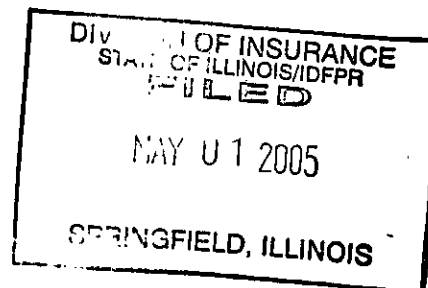
\*\*Change in Company's premium level which will result from application of new rates.

Regent Insurance Company

Name of Company

Sara Zastrow - Rate Development Technician

Official - Title





## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/05

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>8,334,145</u>	<u>+0.1%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

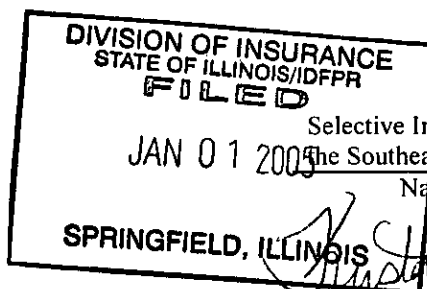
No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are adopting the NCCI rates that are effective 1/1/05 and maintaining our current deviation of +5.0%.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Selective Insurance Company of  
The Southeast

Name of Company

  
Krista M. Thompson, AIS  
State Filings Analyst

Official - Title

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/05

	(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
	Coverage		
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers Compensation</u>	568,590	+0.1%
	<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

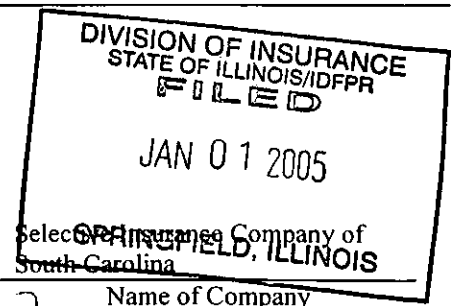
No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are adopting the NCCI rates that are effective 1/1/05 without deviation.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.



*Krista M. Thompson*  
Krista M. Thompson, AIS  
State Filings Analyst

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE  
SUMMARY SHEETChange in company's premium or rate level produced by rate revision effective March 1, 2005

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	<u>1,644,043</u>	<u><del>NA</del> 0.01</u>

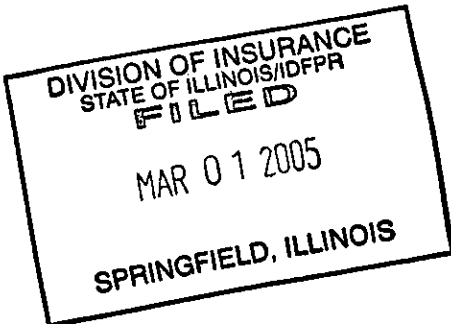
Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

Filing to adopt NCCI Item Filing B-1393 for Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents premium charge and Endorsement.

\*Adjusted to reflect all prior rate changes

\*\*Change in Company's premium level which will result from application of new rates.

Star Insurance Company

Name of Company

Sandra Hall-HarmonCompliance Filings Analyst

Official - Title

**Summary Sheet**Change in Company's premium or rate level produced by rate revision effective 04/01/2005

Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability - Private Passenger Commercial		
2. Automobile Physical Damage - Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Comp</u> Line of Insurance	<u>90,871,273</u>	<u>less than 1.</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI approved "item Filing B-1393" effective 4/1/05. The rate is determined by applying the base company (modification = 1.000) loss cost multiplier for the St. Paul Group to the approved loss cost.

\* Adjusted to reflect all prior rate changes

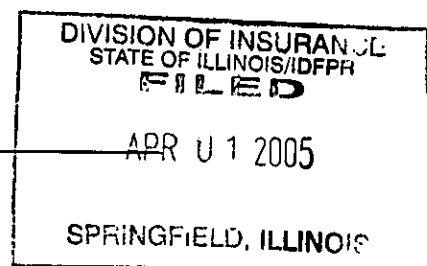
\*\* Changes in Company's premium level which will result from application of new rates.

St Paul Fire and Marine Insurance Company

Name of Company

Second Vice President

Official - Title



**Summary Sheet**Change in Company's premium or rate level produced by rate revision effective 04/01/2005

Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability - Private Passenger Commercial		
2. Automobile Physical Damage - Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop-Hail		
15. Other <u>Workers Comp</u> Line of Insurance	<u>90,871,273</u>	<u>less than 1.</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

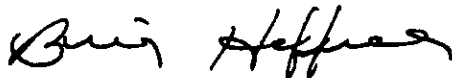
Adoption of NCCI approved "item Filing B-1393" effective 4/1/05. The rate is determined by applying the base company (modification = 1.000) loss cost multiplier for the St. Paul Group to the approved loss cost.

\* Adjusted to reflect all prior rate changes

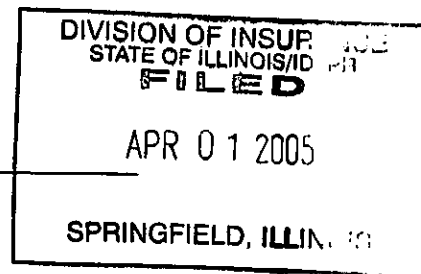
\*\* Changes in Company's premium level which will result from application of new rates.

St Paul Guardian Insurance Company

Name of Company

Second Vice President

Official - Title



**Summary Sheet**Change in Company's premium or rate level produced by rate revision effective 04/01/2005

Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability - Private Passenger Commercial		
2. Automobile Physical Damage - Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Comp</u> Line of Insurance	<u>90,871,273</u>	<u>less than 1.</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI approved "item Filing B-1393" effective 4/1/05. The rate is determined by applying the base company (modification = 1.000) loss cost multiplier for the St. Paul Group to the approved loss cost.

\* Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.

St Paul Medical Liability Insurance Company

Name of Company

Second Vice President

Official - Title

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDF, INC.  
**FILED**

APR 01 2005

SPRINGFIELD, ILLINOIS

**Summary Sheet**Change in Company's premium or rate level produced by rate revision effective 04/01/2005

Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability - Private Passenger Commercial		
2. Automobile Physical Damage - Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Comp</u> Line of Insurance	<u>90,871,273</u>	<u>less than 1.</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI approved "item Filing B-1393" effective 4/1/05. The rate is determined by applying the base company (modification = 1.000) loss cost multiplier for the St. Paul Group to the approved loss cost.

\* Adjusted to reflect all prior rate changes

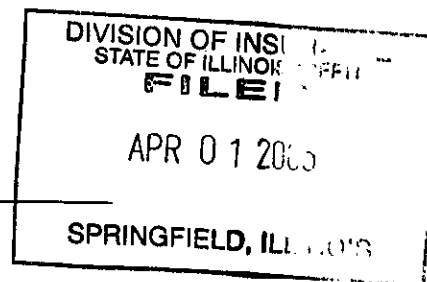
\*\* Changes in Company's premium level which will result from application of new rates.

St Paul Mercury Insurance Company

Name of Company

Second Vice President

Official - Title



DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR

Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

APR 01 2005

SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective:

4/1/05

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	16,354,545	0.2%
16. Other:		

Does filing only apply to certain territory (territories) or certain classes? If so, specify.

Not Applicable

Brief description of filing (if filing follows rates of an advisory organization, specify organization).

CNA is filing to adopt current NCCI voluntary rates

Company specific deviations, if applicable, are noted in the filing memorandum.

\* In-force Written Premium

\*\* Change in Company's premium level which will result from application of new rates.

Transcontinental Insurance Company

Name of Company

Drew Yashar, ACAS, MAAA - Actuarial Manager

Official - Title



Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

APR 10 2005  
SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective:

4/1/05

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	3,832,061	-1.4%
16. Other:		

Does filing only apply to certain territory (territories) or certain classes? If so, specify.

Not Applicable

Brief description of filing (if filing follows rates of an advisory organization, specify organization).

CNA is filing to adopt current NCCI voluntary rates.

Company specific deviations, if applicable, are noted in the filing memorandum.

\* In-force Written Premium

\*\* Change in Company's premium level which will result from application of new rates

DIVISION 1  
STATE OF  
APR 10 2005  
SPRINGFIELD, ILLINOIS

Transportation Insurance Company  
Name of Company

Drew Yashar, ACAS, MAAA - Actuarial Manager  
Official - Title

**Summary Sheet**Change in Company's premium or rate level produced by rate revision effective 04/01/2005

Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability - Private Passenger Commercial		
2. Automobile Physical Damage - Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Comp</u> Line of Insurance	<u>90,871,273</u>	<u>less than 1.</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI approved "item Filing B-1393" effective 4/1/05. The rate is determined by applying the base company (modification = 1.000) loss cost multiplier for the St. Paul Group to the approved loss cost.

\* Adjusted to reflect all prior rate changes

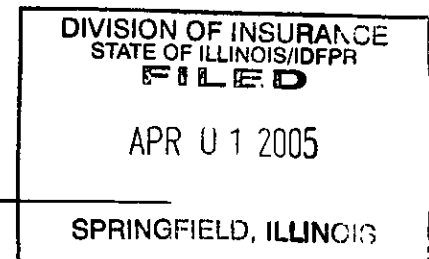
\*\* Changes in Company's premium level which will result from application of new rates.

Travelers Casualty and Surety Company

Name of Company

Second Vice President

Official - Title



**Summary Sheet**Change in Company's premium or rate level produced by rate revision effective 04/01/2005

Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability - Private Passenger Commercial		
2. Automobile Physical Damage - Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Comp</u> <u>Line of Insurance</u>	<u>90,871,273</u>	<u>less than 1.</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI approved "item Filing B-1393" effective 4/1/05. The rate is determined by applying the base company (modification = 1.000) loss cost multiplier for the St. Paul Group to the approved loss cost.

\* Adjusted to reflect all prior rate changes

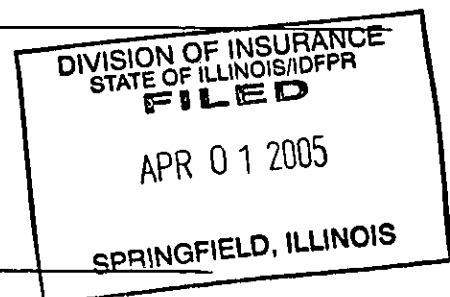
\*\* Changes in Company's premium level which will result from application of new rates.

The Travelers Indemnity Company

Name of Company

Second Vice President

Official - Title



**Summary Sheet**Change in Company's premium or rate level produced by rate revision effective 04/01/2005

Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability - Private Passenger Commercial		
2. Automobile Physical Damage - Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Comp</u> Line of Insurance	<u>90,871,273</u>	<u>less than 1.</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI approved "item Filing B-1393" effective 4/1/05. The rate is determined by applying the base company (modification = 1.000) loss cost multiplier for the St. Paul Group to the approved loss cost.

\* Adjusted to reflect all prior rate changes

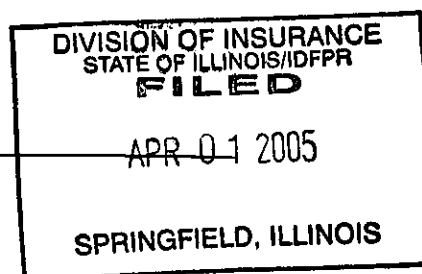
\*\* Changes in Company's premium level which will result from application of new rates.

The Travelers Indemnity Company of America

Name of Company

Second Vice President

Official - Title



**Summary Sheet**Change in Company's premium or rate level produced by rate revision effective 04/01/2005

Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability - Private Passenger Commercial		
2. Automobile Physical Damage - Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Comp</u> <u>Line of Insurance</u>	<u>90,871,273</u>	<u>less than 1.</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI approved "item Filing B-1393" effective 4/1/05. The rate is determined by applying the base company (modification = 1.000) loss cost multiplier for the St. Paul Group to the approved loss cost.

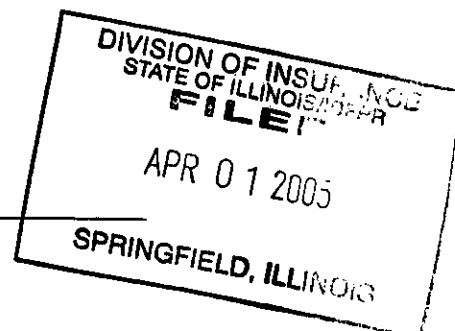
\* Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.

The Travelers Indemnity Company of Connecticut  
Name of Company



Second Vice President  
Official - Title



**Summary Sheet**Change in Company's premium or rate level produced by rate revision effective 04/01/2005

Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability - Private Passenger Commercial		
2. Automobile Physical Damage - Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Comp</u> <u>Line of Insurance</u>	<u>90,871,273</u>	<u>less than 1.</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NO


Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI approved "item Filing B-1393" effective 4/1/05. The rate is determined by applying the base company (modification = 1.000) loss cost multiplier for the St. Paul Group to the approved loss cost.

\* Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.

The Travelers Property Casualty Company of America  
Name of Company



Second Vice President  
Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR <b>FILED</b>  APR 01 2005  SPRINGFIELD ILLINOIS
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ILLINOIS DEPARTMENT OF INSURANCE  
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

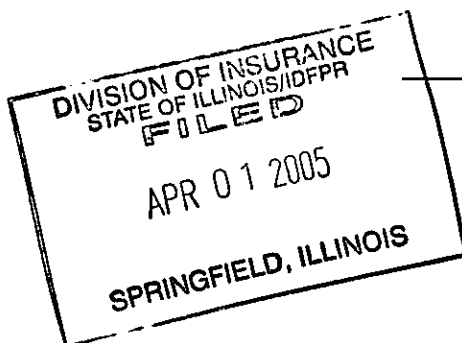
April 1, 2005

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	9,562,609	0.10%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:  
No.Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
To adopt NCCI's 1/1/2005 loss costs with no change to our loss cost multiplier of 2.070

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

United States Fire Insurance Company  
Name of CompanyRuth A. Overholser  
Official - Title  
Regulatory Compliance Analyst

## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3-1-05  
1/1/05

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	88,386	+0.5

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/ABrief description of filing. (If filing follows rates of an advisory organization, specify organization):  
Adopting NCCI advisory loss costs and rating values effective 1/1/05.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Valiant Insurance Company

Name of Company

Denise Goode, Secretary

Official - Title

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**FILED**

MAR 01 2005

SPRINGFIELD, ILLINOIS



ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective:

4/1/05

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	5,887,653	-1.5%
16. Other:		

Does filing only apply to certain territory (territories) or certain classes? If so, specify.

Not Applicable

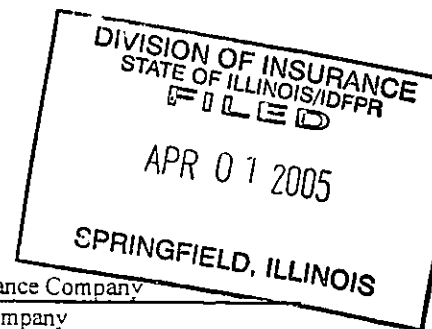
Brief description of filing (if filing follows rates of an advisory organization, specify organization).

CNA is filing to adopt current NCCI voluntary rates.

Company specific deviations, if applicable, are noted in the filing memorandum.

\* In-force Written Premium

\*\* Change in Company's premium level which will result from application of new rates.

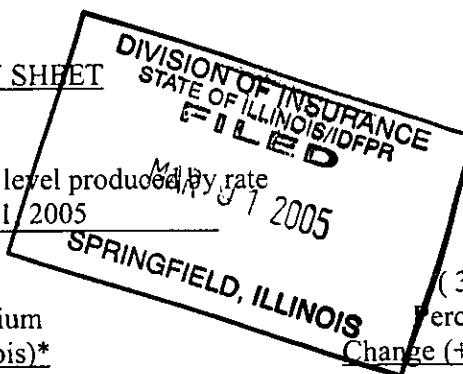


Valley Forge Insurance Company  
Name of Company

Drew Yashar, ACAS, MAAA - Actuarial Manager  
Official - Title

Form (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate  
revision effective March 1, 2005

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+or-)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical		
Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Work Comp</u>	<u>\$3,102,260</u>	<u>+0.3%</u>
Line of Insurance		

Does filing only apply to certain territory ( territories ) or certain classes ? If so, specify : No

Brief description of filing. ( If filing follows rates of an advisory organization, specify organization ) :  
Adopting loss costs in NCCI circular IL-2004-05 effective 1/1/05 with company effective date 3/1/05.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.

West American Insurance Company

Name of Company

Jennifer Swift Product Staff Underwriter

Official - Title

## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2005

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Worker's Compensation</u> Line of Insurance	<u>907,98</u>	<u>0.1</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/ABrief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI Loss Costs and filing of Schedule Rating Plan

\*Adjusted to reflect all prior rate changes.

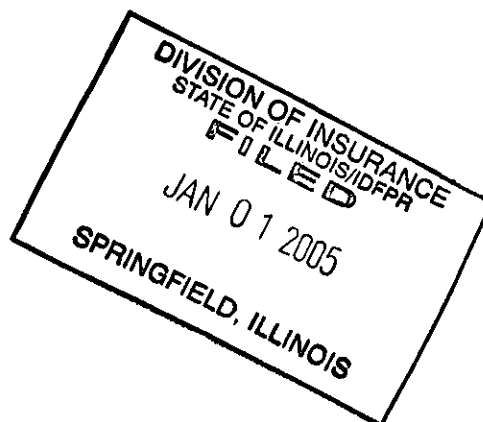
\*\*Change in Company's premium level which will result from application of new rates.

XL Specialty Insurance Company

Name of Company

Patricia Pollard, State Filings Analyst

Official - Title



## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

3-1-05  
4/1/05

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	129,617,221	-5.8

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

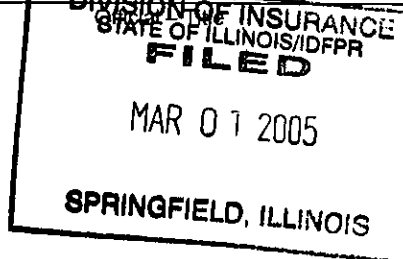
Adopting NCCI advisory loss costs and rating values effective 1/1/05.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Zurich American Insurance Company

Name of Company

Denise Goode, Secretary

## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

3-1-05

Change in Company's premium or rate level produced by rate revision effective 1/1/05

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	2,523,519	-6.5

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

Adopting NCCI advisory loss costs and rating values effective 1/1/05.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Zurich American Insurance Company of Illinois

Name of Company

Denise Goode, Secretary

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**FILED**

MAR 01 2005

SPRINGFIELD, ILLINOIS